

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 07/23/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 07/27/2006						
		FINANCIAL PAYER: NCMMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	2	2
3404904	WESTERN HIGHLAN DS LME	143	84	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8534	26	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	173	3089	2916
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8599	682	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	161	CLIENT NOT ELIGIBLE ON SERVICE DATE	39	1135	2858	1723
		8000	103	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	62	1832	1770
		8935	12	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	143	585	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		8518	419	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	41	1394	2320	926
		8599	190	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIORAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404917	CENTERPOINT HUM AN SERVICES	11	319	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	169	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	665	2004	1339
		79	47	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	15	DUPLICATE OF CLAIM-SYSTEM	4	56	434	378
		79	10	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL L AREA MH D	11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	3	3	0
3404921	ORANGE PERSON C HATHAM AREA	8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	52	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	276	4810	4534
		8000	45	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404922	THE DURHAM CENT ER	21	1041	DUPLICATE OF CLAIM-SYSTEM				
		8599	728	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	2470	4765	2295
		8329	271	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	3411	241	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		11	91	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	474	2360	1886
		8599	68	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	237	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	212	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	179	870	7858	6988
		8931	149	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	3411	172	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	81	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	441	2783	2342
		8000	58	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404927	CUMBERLAND CO M HC	3412	56	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8621	33	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	9	120	2684	2564
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	21	2	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	2	3	1
3404931	WAKE CO HUM SVC BILLING OF	8599	202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	147	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	136	909	10865	9956
		191	111	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	7	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8537	6	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	18	27	9
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLow CARTERET BEHAV HEAL	8535	7037	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	392	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	73	8517	9179	662
		8537	321	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	10	3173	3163
		21	2	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	9	DUPLICATE OF CLAIM-SYSTEM				
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	13	1246	1233
		3411	1	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

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3404939	NEUSE MENTAL HE ALTH CENTER	8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	51	259	208
		4102	4	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
3404941	PITT CO MH/DD/S AS CENTER	21	1458	DUPLICATE OF CLAIM-SYSTEM				
		143	698	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	3150	3554	404
		191	631	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404942	ROANOKE CHOWANN UMAN SERVIC	21	80	DUPLICATE OF CLAIM-SYSTEM				
		3411	57	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	13	248	1066	818
		10	40	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404943	ALBEMARLE MENTA L HEALTH CE	11	63	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	58	DUPLICATE OF CLAIM-SYSTEM	30	257	1233	976
		8000	26	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404944	EASTPOINTE HUMA N SERVICES	8534	273	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		79	71	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	2	450	1652	1202
		21	48	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	8518	76	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		11	63	CLIENT NOT ELIGIBLE ON SERVICE DATE	61	260	260	0
		8931	61	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404957	TIDELAND MENTAL HEALTH CTR	8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	4	83	266	183
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404979	NEW RIVER AREAM H/DD/SA PRO	21	306	DUPLICATE OF CLAIM-SYSTEM				
		3746	52	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.	1	430	453	23
		8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				